Gp#2184

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/085,163		
Filing Date	02/27/2002		
First Named Inventor	Tomlinson		
Group Art Unit	2184	RECEIVE	)
Examiner Name	Not yet assigned	DEC 1 2 200	
Attorney Docket Number	24161196.1 <b>Te</b>	hnelogy Genter 21	100

			ENCLOSURES	(check	all that apply)
Fee Transmittal For	m		Assignment Papers (for an Application)		After Allowance Communication to Group
Fee Attached	d		Drawing(s)		Appeal Communication to Board of Appeals and Interferences
Amendment / Reply	y		Licensing-related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
After Final			Petition		Proprietary Information
Affidavits/de	eclaration(s)		Petition to Convert to a Provisional Application		Status Letter
Extension of Time F	Request	<b>V</b>	Power of Attorney, Revocat Change of Correspondence Address Terminal Disclaimer	tion e	Other Enclosure(s) (please identify below):  Postcard Acknowledgement
Express Abandonm	nent Request		Request for Refund		
Information Disclos	ure Statement		CD, Number of CD(s)		
Certified Copy of Prince Document(s)	riority	Rema	urks		
Response to Missin Incomplete Application					
	Missing Parts R 1.52 or 1.53				
	SIGNATU	RE OF	APPLICANT, ATTORNE	EY, OR	AGENT
Firm or Individual name	William D. McS BAKER & McK				
Signature	William.	D.	McSpadolu_		
Date	12/03/2002				

	CERTIFICATE OF MAILING
	condence is being deposited with the United States Postal Service with sufficient postage as first class to: Commissioner for Patents, Washington, DC 20231 on this date:  12/03/2002
Typed or printed name	William D. McSpadden
Signature	Villiam D. W. Spadel Date 12/03/2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

P. 06/07 16:19

se type a plus sign (+) inside this box —

PTO/SB/81 (02-01)

Approved for use through 10/31/2002, OMB 0851-0036

U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no parsons are required to respond to a collection of information unless it display a velid OMB control number.

## POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

	•
Application Number	10/085,163
Filing Date	02/27/2002
First Named Inventor	Tomlinson
Titlo	Apparatus for and Method of Controlling
Group Art Unit	2184
Examiner Name	Not yet assigned
Attorney Docket Number	24161196.1

I hereby appoint:	٦ ,	Place Customer Number Bar Code	
Practitioners at Customer Number 23562		Label here	
OR Practitioner(s) named below:		RECEI	VE
Name	Registr	atlon Number	ΛĽ
Hallic			2002
		DLC I	2002
		Technology Co	nter 2
as my/our attorney(s) or agent(s) to prosecute the application id business in the United States Patent and Trademark Office con	Hecten Helow	11111	
Please change the correspondence address for the above-ident   The above-mentioned Customer Number.	inea appiioane		
OR	Γ	Place Customer	
Practitioners at Customer Number		Number Bar Code Label here	
OR .			
Firm or			
Individual Name			
Address			
Address		ZIp	
City	State		· ·
Country	<del></del>		<del> </del>
Telephone	Fax		
I am the:			
Applicant/Inventor.		***	
Assignee of record of the entire interest. See 37 CFR 3	.71.		
Statement under 37 CFR 3.73(b) is enclosed. (Form PT	TO/SB/95).		
SIGNATURE of Applicant or Assign	nee of Record		
DATA ENCRYPTION SYSTEMS LIMITED		• •	
Name /Title			
Signature 14-11- ZOO			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will very depending upon the necess of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

a plus sign (+) inside this box .

PTO/SB/82 (10-00)

Approved for use twough 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no percons are required to respond to a collection of information unless it diaplays a valid OMB control number.

## **REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	10/085,163
Filing Date	02/27/2002
First Named Inventor	Tomlinson
Group Art Unit	2184
Examiner Name	Not yet assigned
Attorney Docket Number	24161196.1

I harahy revoke a	Il pravious powers of	f attorney or a	uthorizations of agent gi	iven in the above-identifie	d
application:	, p	•		•	
				·	ľ
SZ A B	Attacage of Authoriz	ration of Agent	t is submitted herewith.		1
X A Power of	Attorney of Authoriz	.Bubii oi Aiguin	(10 000		
OR					1
	11	addrasa (	or the above-identified a	annication to:	1
Please chai	nge the corresponde	IUCE SOCIESS II	Of the appae-identifica o	Place Customer	<del></del>
<u> </u>	har bas		<b>_</b>	Number Ber Code	
Cust	omer Number 235	)62		Labol here	
OR				DEC	ENZEN
Firm or Individual Name				neu-	CIVED
Address				DEC	1 2 200
Address					
City				Technology	/ Center 21
Country			State	ZIP	
Telephone			Fex		
				,,	
I am the:					
Applicant/1	nventor.				
	of record of the entir	en internat Co.	. 27 CED 2 71	•	i i
Assignee Statement	under 37 CFR 3.73	(b) is enclosed	1. (Form PTOISB/96)		1
0.010					
	SIGNATU DATA ENCRYPTION	JRE of Applica	int or Assignee of Record	<u>d</u>	
Name /Title	DATA ENGRYPTIC	JIN STOTENIS	S Elivii I EO	•	1
Name / Title	//			:	
Signature	1 / mart	A			
		-11-200	7	,	. 1
	124-				
Date		and second of the	o ortice interest or their conre	gentetive(s) are required. Subm	tit multiple
NOTE: Signatures of al		ses of record of the below".	e entire interest or their repre	sentative(s) are required. Subn	rit multiple

Burden Mour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, Washington, OC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, OC 20231.